

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/ 577,980

5-25-00

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)													
2							51						
3							52						
4							53						
5							54						
6							55						
7							56						
8							57						
9							58						
10							59						
(11)							60						
12							61						
13							62						
14							63						
15							64						
16							65						
17							66						
18							67						
19							68						
20							69						
(21)							70						
22							71						
23							72						
24							73						
25							74						
26							75						
27							76						
28							77						
29							78						
30							79						
(31)							80						
32							81						
33							82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	36						TOTAL DEP.						
TOTAL CLAIMS	40						TOTAL						

Best Available Copy